

**TOWN OF DAVIE  
TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Joseph Montopoli, Fire Chief/EMC 954-797-1842

**PREPARED BY:** Julie Downey, Assistant Chief EMS 954-797-1189

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** All

**ITEM REQUEST:** Schedule for Council Meeting

**TITLE OF AGENDA ITEM:** GRANT - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR TO ENTER INTO AN AGREEMENT UNDER ADDENDUM TO STATE EMS GRANT FUNDS FOR PARTICIPATING AGENCIES, ATTACHED HERETO AS EXHIBIT "H" ON A PROJECT APPLICATION FOR SCANNING HARDWARE AND SOFTWARE FOR VICTIM TRACKING FOR MASS CASUALTY INCIDENTS AND TRAUMA TOURNIQUETS FOR MCI UNDER THE AGREEMENT BETWEEN BROWARD COUNTY AND CITY OF SUNRISE, FLORIDA FOR STATE EMS COUNTY GRANT FUNDING UNDER STATE CONTRACT 10-OMETS-8151-01(09)(10) AND AT NO COST TO THE TOWN.

**EXECUTIVE SUMMARY:** The Scanning hardware/software for victim tracking for Mass Casualty Incidents will provide Davie Fire Rescue scanning capabilities for field data collection to track multiple victims quickly and easily. The data collected will be sent to hospitals, EOCs, Public Health, shelters or support agencies as part of a full county-wide tracking system. The system will be used in the event of a Mass Casualty Incident (MCI) Patient Tracking and rehabilitation for Firefighters during a fire. Davie Fire Rescue will receive 1 Deluxe Scanner and 1 Regular Scanner and software at no cost to the Town.

The Trauma Tourniquets for MCIs will be provided to all MCI bags and are used to quickly provide homeostasis to multiple victims with penetrating injuries. Davie Fire Rescue will receive 65 tourniquets at no cost to the Town.

**KEY POINTS:**

- **EMS Grant for Participating agencies, addendum H under agreement between Broward County and City of Sunrise**

- Scanning hardware/software for victim tracking for Mass Casualty Incident (MCI)
- Davie Fire Rescue will receive 1 deluxe scanner and 1 regular scanner with software at no cost to Town.
- Used in full county wide tracking system and information sent to hospitals and other facilities during MCI
- Used for rehabilitation of firefighters during fires to track vital signs
- Trauma Tourniquets will be placed in MCI bags, 2 in each bag.
- Used to provide homeostasis to multiple victims with penetrating injuries
- Davie Fire Rescue will receive 65 tourniquets at no cost to Town

**CONCURRENCES:**

**FISCAL IMPACT:** not applicable

Has request been budgeted? n/a

If yes, expected cost: \$

Account name and number:

If no, amount needed: \$

What account name and number will funds be appropriated from:

Additional Comments:

**RECOMMENDATION(S):** Motion to approve resolution

**Attachment(s):** Resolution, State EMS County Grant Funding Agreement, Exhibit “H”

RESOLUTION \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR TO ENTER INTO AN AGREEMENT UNDER ADDENDUM TO STATE EMS GRANT FUNDS FOR PARTICIPATING AGENCIES, ATTACHED HERETO AS EXHIBIT "H" ON A PROJECT APPLICATION FOR SCANNING HARDWARE AND SOFTWARE FOR VICTIM TRACKING FOR MASS CASUALTY INCIDENTS AND TRAUMA TOURNIQUETS FOR MCI UNDER THE AGREEMENT BETWEEN BROWARD COUNTY AND CITY OF SUNRISE, FLORIDA FOR STATE EMS COUNTY GRANT FUNDING UNDER STATE CONTRACT 10-OMETS-8151-01(09)(10) AND AT NO COST TO THE TOWN.

WHEREAS, Broward County and City of Sunrise EMS County Grant Funding will purchase the scanning hardware/software for victim tracking for Mass Casualty Incident and Trauma Tourniquets at no cost to the Town; and

WHEREAS, the scanning hardware/software will be used as a county wide patient tracking system in a MCI; and

WHEREAS, the trauma tourniquets will be placed in our MCI bags and used to provide homeostasis to multiple victims with penetrating injuries; and

WHEREAS, Davie Fire Rescue, as a Participating Agency, will be receiving 1 deluxe scanner and 1 regular scanner with software and 65 trauma tourniquets.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council authorizes the Mayor or designee to enter into an agreement with Broward County and City of Sunrise under Addendum to State EMS County Grant Funding for Participating Agency, attached hereto as Exhibit "H".

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 2010

\_\_\_\_\_

MAYOR/COUNCILMEMBER

ATTEST:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 2010

Form for Governmental Entities

AGREEMENT

Between

BROWARD COUNTY

and

CITY OF SUNRISE, FLORIDA

for

STATE EMS COUNTY GRANT FUNDING

Contract Number – 10-OMETS-8151-01(09)(10)

Projects:

Scanning Hardware and Software for Victim Tracking for Mass Casualty Incidents (09)  
Trauma Tourniquets for Mass Casualty Incidents (10)

AGREEMENT

Between

BROWARD COUNTY

and

CITY OF SUNRISE

for

STATE EMS COUNTY GRANT FUNDING

This is an Agreement, made and entered into by and between: BROWARD COUNTY, a political subdivision of the state of Florida, hereinafter referred to as "COUNTY",

AND

CITY OF SUNRISE, a municipal corporation of the State of Florida, on behalf of its Fire Rescue Department hereinafter referred to as "SUB-GRANTEE."

WHEREAS, pursuant to Section 401.101, et. seq., Florida Statutes, and Section 64J-1.015, et. seq., Florida Administrative Code, as may be amended from time to time, COUNTY is the recipient of "Emergency Medical Services (EMS) County Grant Program" funds to be used for the improvement and expansion of pre-hospital emergency medical services in Broward County; and

WHEREAS, COUNTY has allocated a portion of the Fiscal Year 2010 "Emergency Medical Services County Grant Program" funds for the purpose(s) described herein and in Exhibit "D," Scope of Project, and EMS County Grant Application, DH Form 1684, June 2002), attached hereto and incorporated herein by reference as Exhibit "C," in accordance with Section 401.291 Florida Statutes, as may be amended from time to time; and

WHEREAS, COUNTY and SUB-GRANTEE desire to enter into this Agreement to provide for the implementation of the Project; NOW, THEREFORE,

IN CONSIDERATION of the mutual terms, conditions, promises, covenants and payments hereinafter set forth, COUNTY and SUB-GRANTEE agree as follows:

## ARTICLE 1

### DEFINITIONS AND IDENTIFICATIONS

- 1.1 **Agreement** - means this document, Articles 1 through 14, inclusive. Other terms and conditions are included in the exhibits and documents that are expressly incorporated by reference.
- 1.2 **Board** - The Broward County Board of County Commissioners.
- 1.3 **Contract Administrator** - The Office of Medical Examiner and Trauma Services, Trauma Management Agency Director or designee. The primary responsibilities of the Contract Administrator are to coordinate and communicate with SUB-GRANTEE and to manage and supervise execution and completion of the Scope of Project and the terms and conditions of this Agreement as set forth herein. In the administration of this Agreement, as contrasted with matters of policy, all parties may rely on the instructions or determinations made by the Contract Administrator; provided, however, that such instructions and determinations do not change the Scope of Project.
- 1.4 **County Attorney** - The chief legal counsel for COUNTY who directs and supervises the Office of the County Attorney pursuant to Section 2.10 of the Broward County Charter.
- 1.5 **Application** – The EMS County Grant Application, DH Form 1684, June 2002 - State Department of Health County EMS Grant application as authorized by Chapter 401, Part II, Florida Statutes, dispense grant funds (Exhibit “C”), incorporated herein by reference as if set forth in full herein.
- 1.6 **Project** – Shall refer to the activity submitted for funding through the Application, and identified in Exhibit “D.”
- 1.7 **Duly Authorized Individual** – Individual identified as the Project Leader in the EMS County Grant Application, submitted to COUNTY for funding and incorporated herein by reference through Article 14, Section 14.14.
- 1.8 **Participating Agency** – Agency(ies) that join in SUB-GRANTEE’s Application for the Project and sign the “ADDENDUM TO STATE EMS COUNTY GRANT FUNDING AGREEMENT FOR PARTICIPATING AGENCY,” attached hereto and incorporated herein as Exhibit “H,” when applicable.

## ARTICLE 2

### SCOPE OF PROJECT

- 2.1 SUB-GRANTEE shall perform the EMS Grant Project described in Exhibit "D," Scope of Project, in a manner satisfactory to COUNTY, within the time period specified in Exhibit "D-1," under Project Schedule, and within the budget proposed in Exhibit "D-2," achieving Outcomes identified in Exhibit "D-3," and Exhibit "C," EMS County Grant Application DH Form 1684, June 2002, submitted to STATE for funding and incorporated herein fully by reference. The location of the Project is in Broward County, Florida.
- 2.2 The parties agree that the Scope of Project is a description of SUB-GRANTEE's obligations and responsibilities and is deemed to include preliminary considerations and prerequisites, and all labor, materials, equipments, and tasks, which are such an inseparable part of the work described, that exclusion would render performance by SUB-GRANTEE impractical, illogical, or unconscionable.

## ARTICLE 3

### TERM

The term of this Agreement shall commence on the date of complete execution by both parties ("Effective Date"), and continue through February 28, 2011 ("Initial Term"). This Agreement may be extended for up to two (2) one-year periods (each individually referred to as an "Extension Period") at the sole option of COUNTY's Contract Administrator. Any such exercise of an option to extend the term of this Agreement for the respective Extension Period(s) shall be done in writing by COUNTY's Contract Administrator and furnished to SUB-GRANTEE prior to the expiration of the then current term using the notices procedures in the "NOTICES" section of this Agreement. The Initial Term and any Extension Period(s) shall be collectively referred to as "Agreement Term." If the Initial Term of this Agreement and/or any of the Extension Period of this Agreement goes beyond a single fiscal year of COUNTY, any continuation of this Agreement beyond the end of any such fiscal year shall be subject to the appropriation and availability of funds of COUNTY in accordance with Chapter 129, Florida Statutes, as amended from time to time.

## ARTICLE 4

### FUNDING AND METHOD OF PAYMENT

- 4.1 COUNTY shall provide funding to SUB-GRANTEE, in an amount not to exceed One Hundred Fifteen Thousand, One Hundred Forty Two Dollars (\$115,142.00) ("Funds") in the manner described below to complete the Project pursuant to this Agreement:
- ☒ to SUB-GRANTEE on a reimbursement basis.
- ☐ to the Vendor on behalf of SUB-GRANTEE.



- 4.2 COUNTY's obligation to disburse any of the funds to SUB-GRANTEE is predicated upon the availability and payment of funds in an equal amount provided by the State of Florida, Department of Health, Bureau of Emergency Medical Services under the Application.
- 4.3 The Director of the Trauma Management Agency, Office of Medical Examiner and Trauma Services, or their designee has the authority, in his/her sole discretion, to make any adjustments to: (a) the Maximum Funds allocated under this Agreement; and (b) payment schedules, if any, throughout this Agreement's Term. Such authority and discretion are to be exercised for the purpose of maximizing expenditure of COUNTY funds. Such adjustments may be triggered by underutilization by SUB-GRANTEE; availability of funds; or any other reason in furtherance of the objectives of COUNTY's Office of Medical Examiner and Trauma Services. Such adjustments may be made in writing and signed by the Director or designee on behalf of COUNTY notifying SUB-GRANTEE in writing of such adjustments (including corresponding revisions to Exhibit "D," Scope of Services, Exhibit "D-1," Project Schedule, and to Exhibit "D-2," under Project Budget) at least ten (10) calendar days prior to its effective date.
- 4.4 In the event funds are to be disbursed to SUB-GRANTEE on a reimbursement basis:
- A. The funds shall be disbursed to SUB-GRANTEE upon SUB-GRANTEE's presentation of paid receipts relative to the Project evidencing expenses incurred by SUB-GRANTEE during the term of this Agreement. The receipts shall be detailed and include the vendor's name and address.
  - B. All requests for payments submitted by SUB-GRANTEE shall be set forth on the Cost Reimbursement Invoice form, attached hereto as Exhibit "E." Cost Reimbursement Invoice forms shall be signed by SUB-GRANTEE's duly authorized individual.
  - C. All payments shall be made solely in the name of SUB-GRANTEE as the official payee. SUB-GRANTEE has provided the name, address, and federal identification number of the official payee to whom the funding reimbursement should be made which is as follows:

Name: Fire Chief  
Agency: Sunrise Fire Rescue Department  
Address: 777 Sawgrass Corporate Parkway  
Sunrise, FL 33325

Telephone number: 954-746-3400

SUB-GRANTEE shall provide its federal identification number on a form provided by COUNTY's Contract Administrator at the time of SUB-GRANTEE's execution of this Agreement.

- 4.5 In the event funds are to be disbursed to the Vendor on behalf of SUB-GRANTEE:
- A. The funds shall be disbursed to the Vendor on behalf of SUB-GRANTEE upon SUB-GRANTEE's presentation of the Vendor's invoice(s) relative to the Project evidencing expenses that were expended during the term of this Agreement and that delivery of the item(s) to SUB-GRANTEE or Participating Agency, if applicable, has occurred. The invoice(s) shall be detailed and include the Vendor's name and address, product specifications, place of delivery and certification by SUB-GRANTEE or Participating Agency, if applicable, that it has received the commodity which is the subject of the Project.
  - B. All requests for payments submitted by SUB-GRANTEE shall be set forth on the Cost Request Invoice form, attached as Exhibit "E." Cost Request Invoice forms shall be signed by a duly authorized individual of SUB-GRANTEE.
- 4.6 In the event SUB-GRANTEE initially elects to have payments made directly to the Vendor on behalf of SUB-GRANTEE as provided for in Section 4.1 above, SUB-GRANTEE shall have the right to notify COUNTY in writing that it desires to convert to a reimbursement contract as described above in Section 4.1 without the necessity of a formal amendment being executed. SUB-GRANTEE acknowledges that its ability to convert the method of funding is a one-time election and SUB-GRANTEE will not be permitted to convert back. This election shall be made in writing to the Contract Administrator.
- 4.7 SUB-GRANTEE shall use the funds solely for the purposes discussed above and as referenced in the Application(s), Exhibit "C" and Exhibit(s) "D," "D-1," and "D-2." SUB-GRANTEE, where Participating Agency does not take title to the property ("Property"), shall not sell or otherwise dispose of Property acquired with respect to the Project prior to the end of the useful life of said Property, unless SUB-GRANTEE obtains the prior written consent from COUNTY. In such event where prior written consent is granted by COUNTY, SUB-GRANTEE shall be required to refund to COUNTY any and all funds provided to SUB-GRANTEE, or Participating Agency, if applicable, for the purposes discussed herein prior to such sale or other disposition of the Property. COUNTY has the right but not the obligation to require SUB-GRANTEE, or Participating Agency, if applicable, to transfer to COUNTY the Property purchased with funds under this Agreement in lieu of SUB-GRANTEE paying back COUNTY any funds required as provided for in this section. SUB-GRANTEE may not transfer, sell, or in any way have delivered any Property to a Participating Agency who has not fully and properly executed an Addendum to State EMS County Grant Funding for Participating Agency, as described in Section 1.8 above.
- 4.8 Failure of SUB-GRANTEE to provide in a timely manner any required reports or documentation as required in the Agreement (Exhibit "G," Required Reports and

Submission Dates), or any misuse of funds provided, shall be deemed a breach of this Agreement and shall require SUB-GRANTEE to return all unexpended funds to COUNTY. SUB-GRANTEE shall additionally be responsible for reimbursing COUNTY for any and all funds spent by SUB-GRANTEE in violation of this Agreement.

- 4.9 Ownership of any and all Property purchased by or on behalf of SUB-GRANTEE pursuant to this Agreement shall be by SUB-GRANTEE, unless otherwise described herein. SUB-GRANTEE, for Property that Participating Agency does not take title, shall be responsible for obtaining the proper insurance, licensing, permitting and for maintaining said Property. SUB-GRANTEE shall maintain and operate the Property through the useful life of same and make it available for loan to other fire rescue agencies upon request and availability. When any Property that Participating Agency does not take title to is no longer usable, it may be sold for scrap or disposed of in the customary procedure of SUB-GRANTEE.
- 4.10 SUB-GRANTEE may submit proper invoices monthly. SUB-GRANTEE shall submit the final proper invoice no later than thirty (30) calendar days after the ending date of the term of this Agreement. COUNTY shall pay SUB-GRANTEE or Vendor, as applicable, within thirty (30) calendar days of receipt of the proper invoice for reimbursement or payment of expenditures, as provided for above, in accordance with COUNTY's Prompt Payment Ordinance (Sec. 1-51.6, Broward County Code, as may be amended from time to time).

## ARTICLE 5

### MONITORING AND REQUIRED REPORTS/FINANCIAL STATEMENTS

- 5.1 SUB-GRANTEE is subject to and shall comply with any and all requirements contained in State law, and in the agreement between the State and COUNTY regarding these grant funds, including the terms and conditions of the Application, incorporated herein by reference.
- 5.2 SUB-GRANTEE shall, to the extent permitted by law, maintain and make available within ten (10) calendar days of the request for inspection and audit by COUNTY officials, all books, reports, documentation and records of any kind of nature required by COUNTY or the State of Florida regarding this project for the useful life of any Property acquired with respect to the Project, including program activities, pursuant to time frames set out by COUNTY or the State of Florida.
- 5.3 SUB-GRANTEE shall file a financial report, signed by the duly authorized individual, identified as Exhibit "F," EMS County Grant Expenditure Report, no later than thirty (30) calendar days after the end of this Agreement. This report shall disclose funds expended by SUB-GRANTEE for the categories set forth in the line item budget, with copies of supporting documentation showing purposes and payments of invoices from SUB-GRANTEE's Purchasing and Accounting Departments.

- 5.4 SUB-GRANTEE shall assign appropriate staff as necessary to attend periodic meetings with COUNTY, as requested by COUNTY, to assess the Project status.
- 5.5 SUB-GRANTEE understands and agrees that monitoring reports generated periodically by designated COUNTY staff shall be considered as a factor in evaluating future funding requests from SUB-GRANTEE.
- 5.6 COUNTY shall have the right to audit the books, records, and accounts of SUB-GRANTEE that are related to this Project for the for a period of six (6) years from the conclusion of the State of Florida audit period as defined by the State during which the Project occurred, of any Property acquired with respect to the Project. SUB-GRANTEE shall keep such books, records, and accounts as may be necessary in order to record complete and correct entries related to the Project.
- 5.7 Failure by SUB-GRANTEE, or Participating Agency, if applicable, to timely provide any required reports or documentation, as required by COUNTY, shall be deemed a breach of this Agreement by SUB-GRANTEE, or Participating Agency, if applicable.
- 5.8 The provisions of this Article 5 shall survive the expiration or earlier termination of this Agreement.

#### ARTICLE 6

##### EQUAL OPPORTUNITY EMPLOYMENT COMPLIANCE

- 6.1 SUB-GRANTEE shall not make any decisions regarding eligibility of services based upon or in consideration of race, age, religion, color, gender, gender identity and expression, pregnancy, national origin, marital status, sexual orientation, political affiliations, physical or mental disability of other factors which cannot be lawfully or appropriately used as a basis for service delivery.
- 6.2 SUB-GRANTEE shall comply with Title I and Title II of the Americans with Disabilities Act of 1990 regarding nondiscrimination on the basis of disability in employment and in state and local government services, in the course of providing any services funded in whole or in part by COUNTY.
- 6.3 SUB-GRANTEE shall not engage in or commit any discriminatory practice in violation of the Broward County Human Rights Act (Broward County Code, Chapter 16½, as may be amended from time to time) in performing any services under this Agreement.

#### ARTICLE 7

##### LIABILITY

SUB-GRANTEE is a state agency, public body politic or political subdivision of the State of Florida, as defined in Chapter 768.28, Florida Statutes, as amended from

time to time, and agrees to be fully responsible for its acts of negligence, or its agents' acts of negligence when acting within the scope of their employment or agency, and agrees to be liable for any damages resulting from said negligence. Nothing herein is intended to serve as a waiver of sovereign immunity by any SUB-GRANTEE to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of any contract or under this Agreement.

## ARTICLE 8

### INSURANCE

SUB-GRANTEE is a state agency, public body politic or political subdivision of the State of Florida, as defined by Section 768.28, Florida Statutes, as amended from time to time, SUB-GRANTEE shall furnish to the Office of Medical Examiner and Trauma Services, Trauma and EMS Section a total of three (3) copies of written verification of liability protection in accordance with Section 768.28, Florida Statutes, as amended from time to time, prior to final execution of this Agreement. Additionally, if SUB-GRANTEE elects to purchase any additional liability coverage including excess liability coverage, SUB-GRANTEE agrees that the Broward County Board of County Commissioners will be listed as the certificate holder and included as an additional named insured on the certificate.

## ARTICLE 9

### TERMINATION OF AGREEMENT

- 9.1 This Agreement may be terminated for cause by action of the Board or by SUB-GRANTEE if the party in breach has not corrected the breach within thirty (30) calendar days after written notice from the aggrieved party identifying the breach. This Agreement may also be terminated for convenience at any time by the Office of Medical Examiner and Trauma Services, Trauma Management Agency Director upon not less than ninety (90) calendar days' prior written notice by the Director. This Agreement may also be terminated by the Office of Medical Examiner and Trauma Services, Trauma Management Agency Director upon such notice as the Director deems appropriate under the circumstances in the event the Director determines that termination is necessary to protect the public health, safety, or welfare.
- 9.2 In the event COUNTY terminates this Agreement for cause, which includes noncompliance with the terms and conditions of the Application, SUB-GRANTEE shall be required to repay COUNTY in full all funds disbursed to SUB-GRANTEE prior to the date of termination. Failure to comply with these terms and conditions shall result in COUNTY declaring SUB-GRANTEE ineligible for further participation in the EMS Grant Program until such time as SUB-GRANTEE complies therewith.



- 9.3 In the event COUNTY terminates this Agreement for convenience, any compensation paid to SUB-GRANTEE for services under this Agreement prior to the notice of termination can be retained by SUB-GRANTEE for the purposes specified herein. In the event SUB-GRANTEE terminates this Agreement for convenience, any compensation paid by COUNTY to SUB-GRANTEE under this Agreement prior to the notice of termination shall be refunded in full to COUNTY.
- 9.4 Notice of termination shall be provided in accordance with the "NOTICES" section of this Agreement, except that notice of termination by COUNTY's Contract Administrator which the Contract Administrator deems necessary to protect the public health, safety, or welfare may be verbal notice which shall be promptly confirmed in writing in accordance with the "NOTICES" section of this Agreement.

#### ARTICLE 10

#### REPRESENTATIONS AND ACKNOWLEDGEMENTS

SUB-GRANTEE acknowledges that all services provided under this Agreement, and pursuant to the Project, shall be by and through employees and agents of SUB-GRANTEE as an independent contractor, and subject to the supervision by SUB-GRANTEE and not as officers, employees or agents of COUNTY. This Agreement shall not constitute or make the parties a partnership or joint venture. Personnel policy, tax responsibilities, social security, health insurance, employee benefits, travel, per diem policy, purchasing policies and any other similar administrative procedures applicable to services rendered under this Agreement shall be those of the respective party.

#### ARTICLE 11

#### NOTICES

Whenever either party desires to give notice to the other, such notice must be in writing, sent by certified United States Mail, postage prepaid, return receipt requested, or sent by commercial express carrier with acknowledgement of delivery, or by hand delivery with a request for a written receipt of acknowledgment of delivery, addressed to the party for whom it is intended at the place last specified. The place for giving notice shall remain the same as set forth herein until changed in writing in the manner provided in this section. For the present, the parties designate the following:

FOR COUNTY: Office of Medical Examiner and Trauma Services  
Director, Trauma Management Agency  
5301 SW 31 Avenue  
Fort. Lauderdale, FL 33312

FOR SUB-GRANTEE: Fire Chief  
Sunrise Fire Rescue Department  
777 Sawgrass Corporate Parkway  
Sunrise, FL 33325

## ARTICLE 12

### DESIGNATED REPRESENTATIVE

COUNTY's Contract Administrator for this Agreement is the Director, Trauma Management Agency, Office of Medical Examiner and Trauma Services, or the Director's designee. The duly authorized individual of SUB-GRANTEE responsible for the administration of the Project under this Agreement, including submitting invoices to COUNTY is Deputy Chief Thomas DiBernardo.

## ARTICLE 13

### FINANCIAL STATEMENTS/MANAGEMENT LETTERS

- 13.1 SUB-GRANTEE shall provide the Office of Medical Examiner and Trauma Services, Trauma and EMS Section with a total of three (3) copies of a special report by an independent Certified Public Accountant, or by the SUB-GRANTEE's internal auditor on the elements specified in Section 13.3 below.

In addition, in the event SUB-GRANTEE expends a total amount of State Financial Assistance equal to, or in excess of Five Hundred Thousand Dollars (\$500,000.00) in any fiscal year of such SUB-GRANTEE, SUB-GRANTEE shall have a state single audit or project-specific audit conducted for such fiscal year in accordance with Section 215.97, Florida Statutes, as amended from time to time, applicable rules of the Executive Office of the Governor, Rules of the Comptroller, and Chapter 10.600, rules of the Auditor General, as amended from time to time. In determining the State Financial Assistance expended in its fiscal year, SUB-GRANTEE shall consider all sources of State Financial Assistance, including State Financial Assistance received from COUNTY, except that State Financial Assistance received for federal financial assistance and state matching requirements shall be excluded from consideration.

In the event SUB-GRANTEE meets the requirements for compliance with the Florida Single Audit Act, as amended from time to time, SUB-GRANTEE shall also prepare the state financial reporting package containing the following: 1) Schedule of State Financial Assistance, 2) Auditor's Report, 3) management letter, 4) SUB-GRANTEE's written response or corrective action plan, 5) correspondence on follow-up of previous year's corrective action taken, and 6) such other information as may be determined by the Auditor General to be necessary and consistent with Section 215.97, Florida Statutes, as amended from time to time.

The Schedule of State Financial Assistance shall state whether the State Financial Assistance shown on the schedule is presented fairly in all material respects in relation to the non-state SUB-GRANTEE's financial statements taken as a whole.

SUB-GRANTEE agrees, as a condition to receiving State Financial Assistance, it shall allow the state awarding agency, the comptroller, and the Auditor General access to the independent auditor's working papers as necessary for complying with the requirements of Section 215.97, Florida Statutes, as amended from time to time.

- 13.2 If the special report is prepared by an independent Certified Public Accountant, it shall be in accordance with Section 623 of the Codification of Statements on auditing Standards as promulgated by the American Institute of Certified Public Accountants. If the special report is prepared by an internal auditor, it shall be in accordance with those sections as the status of the internal auditor permits, realizing that the internal auditor may not issue the opinions required therein.
- 13.3 The special report shall show all revenues by source and all expenditures in accordance with this Agreement. The report shall include an opinion (finding, in the case of an internal auditor) as to whether the funds received under the applicable grant agreement with COUNTY have been expended in accordance with this Agreement. It shall specifically disclose the interest computed as earned on these funds. It shall identify the total of noncompliant expenditures and interest earned as due back to COUNTY.
- 13.4 SUB-GRANTEE agrees to reimburse COUNTY for any and all funds not used in compliance with this Agreement by SUB-GRANTEE.
- 13.5 The reporting period for the financial disclosure information described in Sections 13.1 and 13.2 above shall be SUB-GRANTEE's fiscal year. Three (3) copies of this information shall be filed with Contract Administrator within one hundred twenty (120) calendar days after the close of each of SUB-GRANTEE's fiscal years in which SUB-GRANTEE accounts for funds under this Agreement or with any other agreements that SUB-GRANTEE has with COUNTY.

Copies of the State Financial Assistance reporting package required by Section 215.97, Florida Statutes, as amended from time to time, shall be submitted to the Office of Medical Examiner and Trauma Services, Trauma and EMS Section, to the state awarding agency and to the State of Florida Auditor General, Room 574, Claude Pepper Building, 111 West Madison Street, Tallahassee, Florida 32302-1450.

- 13.6 Late submission of the special report or any other documents required herein shall result in suspension of payment under this and subsequent Agreements until the report is received and accepted by COUNTY, and shall be a factor in evaluating future funding requests. Suspension of payment shall not excuse SUB-GRANTEE from continued delivery of services, although COUNTY will not accept invoices until such report is received and accepted by COUNTY.
- 13.7 SUB-GRANTEE shall provide to the Office of Medical Examiner and Trauma Services, Trauma and EMS Section a total of three (3) copies of any compliance



audits required by law within forty-five (45) calendar days of receipt and a copy of the response within forty-five (45) calendar days of the date prepared.

- 13.8 SUB-GRANTEE shall provide to the Office of Medical Examiner and Trauma Services, Trauma and EMS Section a total of three (3) copies of any and all management letters arising from audited financial statements within one hundred twenty days (120) calendar days of the close of SUB-GRANTEE's fiscal year.
- 13.9 SUB-GRANTEE shall provide to the Office of Medical Examiner and Trauma Services, Trauma and EMS Section a total of three (3) copies of the schedule of corrections developed in response to said management letter(s) within forty-five (45) calendar days of development.
- 13.10 SUB-GRANTEE shall provide to the Office of Medical Examiner and Trauma Services, Trauma and EMS Section a total of three (3) copies of any compliance audits required by law within forty-five (45) calendar days of receipt and a copy of the response within forty-five (45) calendar days of the date prepared.

#### ARTICLE 14

##### MISCELLANEOUS PROVISIONS

- 14.1 Performance. SUB-GRANTEE represents that all persons performing the services required under this Agreement have the knowledge and skills, either by training, experience, education, or combination thereof, to adequately and competently perform the duties, obligations and services set forth in the scope of services.
- 14.2 Materiality and Waiver of Breach. COUNTY and SUB-GRANTEE agree that each requirement, duty, and obligation set forth herein is substantial and important to the formation of this Agreement and, therefore, is a material term hereof.

Either party's failure to enforce any provision of this Agreement shall not be deemed a waiver of such provision or modification of this Agreement. No waiver of any provision of this Agreement shall be effective unless it is in writing, signed by the designated Contract Administrator for the party against whom it is asserted and any such written waiver shall only be applicable to the specific instance to which it relates and shall not be deemed a continuing or future waiver.
- 14.3 Governing Law and Venue. This Agreement shall be governed, construed and controlled according to the laws of the State of Florida. Venue for any claim, objection or dispute arising out of the terms of this Agreement shall be Broward County. To encourage prompt and equitable resolution of any litigation that may arise hereunder, each party hereby waives any rights it may have to a trial by jury of any such litigation.
- 14.4 Merger. This document incorporates and includes all prior negotiations, correspondences, conversations, agreements or understandings applicable to

the matters contained herein; and the parties agree that there are not commitments, agreements or understandings concerning the subject matter of this Agreement that are not contained in this document. Accordingly, the parties agree that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

- 14.5 Amendments. COUNTY and SUB-GRANTEE agree that no modification, alternation or amendment in the terms and conditions contained herein shall be effective unless contained in a written document executed with the same formality and of equal dignity herewith SUB-GRANTEE and the Board of County Commissioners (except as otherwise stated herein). However, the County Administrator for COUNTY may execute amendments containing modification(s), amendment(s), or alteration(s) to the terms and conditions of this Agreement where there is a change to Exhibit "D," Scope of Services, Exhibit "D-1," Project Schedule, Exhibit "D-2," Project Budget, and/or Article 4, "FUNDING AND METHOD OF PAYMENT," to reduce the Contract Amount, or to change Exhibit "D-3," Outcomes. Subject to the Contract Administrator obtaining the prior review and written approval of the Director of the Office of Medical Examiner and Trauma Services, the County Administrator may also execute amendments which contain other modifications, amendments or alterations to Exhibit "D," Scope of Services, Exhibit "D-1," Project Schedule, Exhibit "D-2," Project Budget, and Exhibit "D-3," Outcomes, other than those stated in this section herein and/or to any other exhibits attached to this Agreement.
- 14.6 Joint Preparation. The preparation of this Agreement has been a joint effort of the parties and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the others.
- 14.7 Audit Right and Retention of Records. COUNTY shall have the right to audit the books, records, and accounts of SUB-GRANTEE related to the Projects. SUB-GRANTEE shall keep such books, records, and accounts as may be necessary in order to record complete and correct entries related to the Project.

SUB-GRANTEE shall preserve and make available, at reasonable times for examination and audit by COUNTY, all financial records, supporting documents, statistical records, and any other documents pertinent to the Agreement for the required retention period of the Florida Public Records Act (Chapter 119, Fla. Statutes, as may be amended from time to time), if applicable, for a minimum period of five (5) years after termination of this Agreement. If any audit has been initiated and audit findings have not been resolved at the end of the retention period or five (5) years, whichever is longer, the books, records, and accounts shall be retained until resolution of the audit findings. If the Florida Public Records Act is determined by COUNTY to be applicable to SUB-GRANTEE's records, SUB-GRANTEE shall comply with all requirements thereof; however, no confidentiality or non-disclosure requirement of either federal or state law shall be violated by SUB-GRANTEE. Any incomplete or incorrect entry in such books,

records, and accounts shall be a basis for COUNTY's disallowance and recovery of any payment upon such entry.

SUB-GRANTEE agrees, as a condition to receiving State Financial Assistance, as defined in the Florida Single Audit Act, to allow the state awarding agency, the comptroller, and the Auditor General access to its records as required by Section 215.97, Florida Statutes, Florida Single Audit Act, as may be amended from time to time.

- 14.8 Severance. In the event this Agreement or a portion of this Agreement is found by a court of competent jurisdiction to be invalid, the remaining provisions shall continue to be effective unless COUNTY or SUB-GRANTEE elects to terminate this Agreement. The election to terminate this Agreement based upon this provision shall be made within seven (7) days after the finding by the court becomes final.
- 14.9 Compliance with Laws. The parties shall comply with all federal, state and local laws, codes, ordinances, rules and regulations in performing its duties, responsibilities, and obligations pursuant to this Agreement.
- 14.10 Priority of Provision. If there is a conflict or inconsistency between any term, statement, requirement, or provision of any exhibit attached hereto, any document or events referred to herein, or any document incorporated into this Agreement by reference and a term, statement, requirement, or provision of this Agreement, the term, statement, requirement, or provision contained in Articles 1 through 14 of this Agreement shall prevail and be given effect.
- 14.11 Survival. Either party's right to monitor, evaluate, enforce, indemnify and insure, audit and review, and any assurances and items of financial responsibility shall survive the expiration or earlier termination of this Agreement. Any provision of this Agreement which contains a restriction or requirement which extends beyond the date of termination or expiration set forth herein shall survive termination or expiration of this Agreement and be enforceable.
- 14.12 Third Party Beneficiaries. Neither SUB-GRANTEE nor COUNTY intends to directly or substantially benefit a third party by this Agreement. Notwithstanding that exception, the parties agree that there are no third party beneficiaries to this Agreement and that no third party shall be entitled to assert a claim against either of them based upon this Agreement. The parties expressly acknowledge that it is not their intent to create any rights or obligations in any third person or SUB-GRANTEE under this Agreement.
- 14.13 Assignment. Neither party to this Agreement shall assign this Agreement in whole or in part without the written consent of the other. However, this Agreement shall run to COUNTY or its successors.
- 14.14 Incorporation by Reference. The truth and accuracy of each "Whereas" clause set forth above is acknowledged by the parties. The attached exhibits and

Addendum (where applicable) are incorporated into and made a part of this Agreement.

SUB-GRANTEE agrees to abide by all of the covenants and representations contained in the EMS County Grant Application submitted by SUB-GRANTEE upon which COUNTY relied and upon which this Agreement is based, and SUB-GRANTEE agrees that such covenants and representations in the EMS County Grant Application shall form, become a part of, and be incorporated by reference into this Agreement. If the EMS County Grant Application or any portion of such EMS County Grant Application conflicts with this Agreement, this Agreement shall control and govern the interpretation of any conditions and terms.

- 14.15. Multiple Originals. This Agreement may be fully executed in three (3) copies by all parties, each of which, bearing original signatures, shall have the force and effect of an original document.

**(Remainder of page intentionally left blank)**

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature: BROWARD COUNTY through its BOARD OF COUNTY COMMISSIONERS, signing by and through its County Administrator, authorized by Resolution # 2009-840 to execute same by Board action on the 8th day of December, 2009, and CITY OF SUNRISE, a municipal corporation of the State of Florida, signing by and through its **to be determined**, duly authorized to execute same.

COUNTY

WITNESSES:

BROWARD COUNTY, through its  
County Administrator

\_\_\_\_\_  
Signature

By \_\_\_\_\_  
Bertha Henry  
County Administrator

\_\_\_\_\_  
Print/Type Name Above

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print/Type Name Above

Approved as to form by  
Office of County Attorney  
Broward County Florida  
JEFFREY J. NEWTON, County Attorney  
Governmental Center, Suite 423  
115 South Andrews Avenue  
Fort Lauderdale, Florida 33301  
Telephone: (954) 357-7600  
Telecopier: (954) 357-7641

Approved as to Insurance  
Requirements by Risk Management  
Division

By: \_\_\_\_\_  
PATRICE M. EICHEN  
Assistant County Attorney (Date)

By \_\_\_\_\_  
Authorized Signature (Date)

\_\_\_\_\_  
Name/Title of Authorized Signature

AGREEMENT BETWEEN BROWARD COUNTY AND CITY OF SUNRISE FOR STATE  
EMS COUNTY GRANT FUNDING

SUB-GRANTEE

ATTEST:

By: \_\_\_\_\_  
SUB-GRANTEE Clerk

\_\_\_\_\_  
By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

APPROVED AS TO LEGAL SUFFICIENCY:

By: \_\_\_\_\_  
SUB-GRANTEE Attorney

**EXHIBIT “A”**

**AUTHORIZED INVOICE SIGNATORS**

**NOT- APPLICABLE FOR GOVERNMENTAL ENTITIES**

DRAFT

**EXHIBIT “B”**

**CERTIFICATION OF EMPOWERMENT**

**NOT- APPLICABLE FOR GOVERNMENTAL ENTITIES**

DRAFT



**EXHIBIT “C”**

**EMS County Grant Application, DH Form 1684, June 2002**  
**Incorporated herein by Reference**

DRAFT

## **EXHIBIT "D"**

### **SCOPE OF PROJECTS**

SUB-GRANTEE Name: City of Sunrise, Florida, on behalf of its Fire Rescue Department

Projects: Scanning hardware/software for victim tracking for Mass Casualty Incidents (09) and Trauma Tourniquets for Mass Casualty Incidents (10)

Division: Office of Medical Examiner and Trauma Services

Contract: 10-OMETS-8151-01(09)(10)

Scope of Project(s):

#### **Scanning hardware/software for victim tracking for Mass Casualty Incidents (09):**

To provide EMS agencies a Functional Tracking Solution that provides scanning capabilities for field data collection to track multiple victims quickly and easily. The data collected could be sent to the hospitals, EOCs, Public Health, shelters, or support agencies such as Red Cross. The system could be used in the event of a Mass Casualty Incident (MCI) Patient Tracking, Hospital Evacuation, Public Health and Pandemic Response, Regional Evacuation, Large Event Management or could be used for Daily Patient Tracking.

Participating agencies: Broward Sheriff's Office Fire Rescue Department, Cities of Coral Springs, Dania Beach, Davie, Fort Lauderdale, Hallandale Beach, Lauderhill, Miramar, Pompano Beach, Tamarac and the Seminole Tribe of Florida.

#### **Trauma Tourniquets for Mass Casualty Incidents (10):**

Two (2) trauma tourniquets will be provided to all Mass Casualty Incident (MCI) bags in Broward County, Twenty-five (25) per MCI trailer and for special response team members (SWAT-Medics). The tourniquet allows limited number of providers to rapidly triage and provide homeostasis to multiple victims. The tourniquets can be self applied by injured police, fire or rescue personnel, allowing them to continue duty, if necessary, until safe evacuation and treatment are available.

Participating agencies: Broward Sheriff's Office Fire Rescue Department, Cities of Coral Springs, Dania Beach, Davie, Fort Lauderdale, Hallandale Beach, Lauderhill, Miramar, Pompano Beach, Tamarac, Deerfield Beach, Hollywood, Lighthouse Point, Margate, North Lauderdale, Oakland Park, Pembroke Pines, Plantation, and the Seminole Tribe of Florida.

SUB-GRANTEE will be reimbursed for line items and in the amounts reflected in Exhibit "D-2," Project Budget.

SUB-GRANTEE is required to submit Exhibit "F," Department of Health EMS Grant Program Expenditure Report disclosing funds expended for the categories

set forth in the line item budget, with copies of supporting documentation and bill of lading(s) when the all commodities are secured and the project is complete.

II. Amount for Term of Agreement: \$ 115,142.00

III. Outcomes/Indicators

Outcomes and Indicators for Project Scanning hardware and software for Victim Tracking for Mass Casualty Incidents (09) and Trauma Tourniquets for Mass Casualty Incidents (10) are attached as Exhibit "D-3."

IV. Other Requirements – N/A

DRAFT

## **EXHIBIT “D-1”**

### **PROJECT SCHEDULE**

#### **Scanning hardware/software for victim tracking for Mass Casualty Incidents (09):**

- Month One – Funding is approved and decision is made on which brand to purchase.
- Month Two – Process funding to purchase product. Develop policy and procedures for the care and maintenance of the scanners.
- Month Three – Provide training to our personnel.
- Month Four – Implementation of the hardware to agencies.
- Thereafter – Provide quarterly reports as necessary.

#### **Trauma Tourniquets for Mass Casualty Incidents (10):**

- Month One – Funding is approved and decision is made on which brand to purchase.
- Month Two – Process funding to purchase product. Develop policy and procedures for use of tourniquets.
- Month Three – Distribute to agencies.
- Month Four – Provide training to our personnel.
- Thereafter – Provide quarterly reports as necessary.

## EXHIBIT "D-2"

### PROJECT BUDGET

(DH Form 1684, Rev. June 2002)

#### 5. Budget:

PROJECTS: **Scanning Hardware/Software for victim tracking for mass casualty incidents (09)**  
**Trauma Tourniquets for Mass Casualty Incidents (10)**

Organization: City of Sunrise, on behalf of its Fire Rescue Department

Projects Budget: \$115,142.00

#### A. Salaries and Benefits:

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.

	Amount
N/A	N/A

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
N/A	

**C. Vehicles, equipment, and other** operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Scanning hardware/software for MCI	
Semi rugged pocket PC with camera, keyboard and cellular enabled, 25 @ \$2,800.00 each	\$70,000.00
Tethered handheld scanner, 70 @ \$315.00 each	22,050.00
Delivery Charges (1)	250.00
Sub-total	\$92,300.00
Trauma Tourniquets for Mass Casualty Incidents	
Trauma Tourniquets, 846 @ \$27.00 each	22,842.00
Sub-total	22,842.00
Grand Total	\$115,142.00

**EXHIBIT "D-3"**  
**OUTCOMES**

SUB-GRANTEE Name: CITY OF SUNRISE, on behalf of its Fire Rescue department  
Project Name: Scanning hardware and software for victim tracking for Mass Casualty Incidents (09)  
Trauma Tourniquets for Mass Casualty Incidents (10)  
Contract 10-OMETS-8151-01(09)(10)

Project	Activities	Outcomes	Indicators	Data Source	Data Collection Method
Scanning hardware and software for victim tracking for Mass Casualty Incidents (09)	Process funding to purchase product. Develop policy and procedures for the care and maintenance of the scanners. Provide training to our personnel. Implementation of the hardware to agencies. Provide quarterly reports as necessary.	Track patients to hospitals. Identification of patients known and unknown. Maintain patient tracking from field to hospital to discharge. Maintain patient tracking within all persons involved with incident.	Mass casualty incident. Mass fatalities incident. Any occurrence of an incidents involving more than the capabilities for patient care of an individual entity.	Secure web-based system. .	As an event occurs. Training courses taught. Drills utilizing equipment and software
Trauma Tourniquets for Mass Casualty Incidents (10)	Funding is approved and decision is made on which brand to purchase. Process funding to purchase product. Develop policy and procedures for use of tourniquets. Distribute to agencies. Provide training to our personnel. Thereafter provide quarterly reports as necessary.	Treat all patients with penetrating injuries of any extremity.	Mass casualty incident. Any trauma patient with a penetrating injury to an extremity.	Voluntary data from individual agency patient care run reports. .	Voluntary monthly collection of field tourniquet use from individual agency.

**EXHIBIT "E"**  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
**COST REIMBURSEMENT INVOICE**

<b>1. SUB GRANTEE</b> City of Sunrise on behalf of its Fire Rescue Department Contract Total - \$ 115,142.00		<b>2. Vendor Identification Number</b> Click here to enter text.		<b>3. County Contract Number</b> 10-OMETS-8151-01(09)(10)	
<b>4. For Month and Year</b>		<b>5. Reimbursement this Month: \$</b> Click here to enter text.		<b>6. Reimbursement Year to Date: \$</b> Click here to enter text.	
<b>QUANTITY</b>	<b>DESCRIPTION</b>	<b>UNIT PRICE</b>	<b>TOTAL AMOUNT</b>		
		<b>TOTAL</b>			
<b>7. CERTIFICATION: I hereby affirm and certify that:</b>  <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <b>REIMBURSEMENT BASIS:</b> the costs reimbursed herewith have been incurred per agreement, that all invoices submitted for cost reimbursement have met program eligibility requirements, and that sufficient written information is available to document contract compliance, or  <input type="checkbox"/> <b>PAYMENT DIRECTLY TO VENDOR:</b> the costs herewith have been incurred per agreement, that all vendor invoices submitted for payment have met program eligibility requirements, and that sufficient written information is available to document contract compliance.                         </div> </div>					
<b>Approved Signator:</b> Click here to enter text. <b>8. Signature:</b> _____ <b>9. Date:</b> _____ (Type Name and Title)					
<b>FOR COUNTY USE ONLY</b>					
<b>Fund Number</b>	<b>Agency Number</b>	<b>Organization Number</b>	<b>Object Number</b>		
<b>Date Invoice Received from Agency</b>		<b>Invoice Reviewed By</b>		<b>Date</b>	
<b>Date Forwarded to Accounting</b>		<b>Invoice Approved By</b>		<b>Date</b>	

**DEPARTMENT OF HEALTH**  
**EMS GRANT PROGRAM EXPENDITURE REPORT**

Name of Grantee: Broward County Grant ID Code: \_\_\_\_\_


Time Period Covered: Click here to enter text. to February 28, 2011

Project Title: Scanning hardware/software for victim tracking for Mass Casualty Incidents (09) and Trauma Tourniquets for Mass Casualty Incidents (10)

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Actual Expenditures to Date by Major Line Item(s)	
	\$

*Include with the progress notes an explanation of how project personnel, equipment and any problems or barriers may have an impact on the grant process.*





## EXHIBIT "G"

### REQUIRED REPORTS AND SUBMISSION DATE(S)

<u>Description of Report(s)</u>	<u>Required Submission Date(s)</u>
1. Cost Reimbursement Invoice	Submitted to Contract Administrator as project or portion of project is completed and paid - two (2) copies
2. Paid Invoice	Submitted with Cost Reimbursement Invoice - Two (2) copies
3. Copy of Purchase Order	Submit to Contract Administrator when purchase is initiated (as applicable), submitted with Cost Reimbursement Invoice
4. Final Inspection Report	Submit to Contract Administrator with final request for payment or as available when project is complete (as applicable)
5. Outcome Report	Submit to Contract Administrator with final request for payment or as available when project is complete (as applicable)
6. Current Certificate of Insurance	Due with signed Agreement - three (3) copies
7. EMS Grant Expenditure Report	Submit to Contract Administrator within the 30 days of project's completion.

## EXHIBIT "H"

### ADDENDUM TO STATE EMS COUNTY GRANT FUNDING FOR PARTICIPATING AGENCY

The undersigned PARTICIPATING AGENCY has entered into this ADDENDUM TO STATE EMS COUNTY GRANT FUNDING AGREEMENT ("Addendum") and acknowledges that it has joined in with SUB-GRANTEE, CITY OF SUNRISE, on two (2) Project Applications: Scanning Hardware and Software for victim tracking for Mass Casualty Incidents and Trauma Tourniquets for Mass Casualty Incidents as part of the State EMS County Grant Funding; hereinafter referred to individually as either the "respective Property" or "applicable Project" and collectively as "Property" or "Projects." PARTICIPATING AGENCY acknowledges that, in order to be included as a PARTICIPATING AGENCY under the Agreement between COUNTY and SUB-GRANTEE for State EMS County Grant Funding ("Agreement"), it agrees to the following terms and conditions:

#### 1. PROPERTY COVENANTS

- 1.1 PARTICIPATING AGENCY shall not sell or otherwise dispose of any Property acquired with respect to the Projects prior to the end of the useful life of the respective Property. PARTICIPATING AGENCY may elect to sell or dispose of the respective Property prior to the end of its useful life only with the prior written consent of COUNTY; however, PARTICIPATING AGENCY shall be required to refund to COUNTY any and all funds provided on behalf of PARTICIPATING AGENCY for the purposes discussed herein prior to such sale or other disposition of the respective Property. COUNTY has the right but not the obligation to require PARTICIPATING AGENCY to transfer to COUNTY the equipment purchased with funds under the Agreement, incorporated herein by reference, in lieu of PARTICIPATING AGENCY paying back COUNTY any funds required as provided for in this section.
- 1.2 Ownership of any and all equipment purchased on behalf of PARTICIPATING AGENCY pursuant to the Agreement shall be by PARTICIPATING AGENCY, unless otherwise described herein. PARTICIPATING AGENCY shall be responsible for obtaining the proper insurance, licensing, permitting and for maintaining said equipment. PARTICIPATING AGENCY shall maintain and operate the respective Property through the useful life of same and make it available for loan to other fire rescue agencies upon request. When any equipment funded by the Agreement is no longer usable, it may be sold for scrap or disposed of in the customary procedure of PARTICIPATING AGENCY.

## **EXHIBIT "H"**

### **2. MONITORING AND REQUIRED REPORTS/FINANCIAL STATEMENTS**

- 2.1 PARTICIPATING AGENCY is subject to and shall comply with any and all requirements contained in State law, and in the agreement between the State and COUNTY regarding these grant funds, including the terms and conditions of the Application for funding, incorporated herein by reference.
- 2.2 PARTICIPATING AGENCY shall, to the extent permitted by law, maintain and make available within ten (10) calendar days of the request for inspection and audit by COUNTY officials, all books, reports, documentation and records of any kind of nature required by COUNTY or the State of Florida regarding the Projects for the useful life of any Property acquired with respect to the Projects, including program activities, pursuant to time frames set out by COUNTY or the State of Florida.
- 2.3 PARTICIPATING AGENCY shall assign appropriate staff as necessary to attend periodic meetings with COUNTY, as requested by COUNTY, to assess the applicable Project's status.
- 2.4 PARTICIPATING AGENCY understands and agrees that monitoring reports generated periodically by designated COUNTY staff shall be considered as a factor in evaluating future funding requests from PARTICIPATING AGENCY.
- 2.5 COUNTY shall have the right to audit the books, records, and accounts of PARTICIPATING AGENCY that are related to the Projects for a period of six (6) years from the conclusion of the State of Florida audit period as defined by the State during which the applicable Project occurred, of any property acquired with respect to the Projects. PARTICIPATING AGENCY shall keep such books, records, and accounts as may be necessary in order to record complete and correct entries related to the applicable Project.
- 2.6 Failure by PARTICIPATING AGENCY to timely provide any required reports or documentation, as required by COUNTY, shall be deemed a breach of this Addendum by PARTICIPATING AGENCY.
- 2.7 The provisions of this Article 5 shall survive the expiration or earlier termination of this Addendum.

## **EXHIBIT "H"**

### **3. LIABILITY**

PARTICIPATING AGENCY is a state agency, public body politic or political subdivision of the State of Florida, as defined in Chapter 768.28, Florida Statutes, as amended from time to time, and agrees to be fully responsible for its acts of negligence, or its agents' acts of negligence when acting within the scope of their employment or agency, and agrees to be liable for any damages resulting from said negligence. Nothing herein is intended to serve as a waiver of sovereign immunity by any PARTICIPATING AGENCY to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of any contract or under this Addendum.

### **4. INSURANCE**

PARTICIPATING AGENCY is a state agency, public body politic or political subdivision of the State of Florida, as defined by Section 768.28, Florida Statutes, as amended from time to time. PARTICIPATING AGENCY shall furnish to the Office of Medical Examiner and Trauma Services, Trauma and EMS Section a total of three (3) copies of written verification of liability protection in accordance with Section 768.28, Florida Statutes, as amended from time to time, prior to final execution of this Addendum. Additionally, if PARTICIPATING AGENCY elects to purchase any additional liability coverage including excess liability coverage, PARTICIPATING AGENCY agrees that the Broward County Board of County Commissioners will be listed as the certificate holder and included as an additional named insured on the certificate.

### **5. INCORPORATION BY REFERENCE**

PARTICIPATING AGENCY agrees to abide by all of the terms and conditions contained in Article 14 and Exhibit "D," Scope of Project, Exhibit "D-1," Project Schedule, Exhibit "D-2, Budget," and Outcomes identified in Exhibit "D-3," of the Agreement. PARTICIPATING AGENCY agrees that such terms and conditions in the Agreement shall form a part of, and be incorporated by reference into this Addendum.

### **6. MULTIPLE ORIGINALS**

This Addendum may be fully executed in three (3) or more copies by all parties, each of which, bearing original signatures, shall have the force and effect of an original document.

**EXHIBIT "H"**

IN WITNESS WHEREOF, the parties hereto have made and executed this Addendum to State EMS County Grant Funding for Participating Agency on the respective dates under each signature: BROWARD COUNTY, through its BOARD OF COUNTY COMMISSIONERS, signing by and through its County Administrator, authorized to execute same by Board action on the 8<sup>th</sup> day of ,December, 2009, and as PARTICIPATING AGENCY, TOWN OF DAVIE, a municipal corporation of the State of Florida, signing by and through its **To Be Determined**, duly authorized to execute same.

COUNTY

WITNESSES:

BROWARD COUNTY, through its  
County Administrator

\_\_\_\_\_  
Signature

By \_\_\_\_\_  
Bertha Henry  
County Administrator

\_\_\_\_\_  
Print/Type Name Above

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

Approved as to form by  
Office of County Attorney  
Broward County Florida  
JEFFREY J. NEWTON, County Attorney  
Governmental Center, Suite 423  
115 South Andrews Avenue  
Fort Lauderdale, Florida 33301  
Telephone: (954) 357-7600  
Telecopier: (954) 357-7641

\_\_\_\_\_  
Print/Type Name Above

Approved as to Insurance  
Requirements by Risk Management  
Division

By: \_\_\_\_\_  
PATRICE M. EICHEN (Date)  
Assistant County Attorney

By \_\_\_\_\_  
Authorized Signature (Date)

Davie  
Sunrise 10-OMETS-8151-01(09)(10)

**EXHIBIT "H"**

**ADDENDUM TO STATE EMS COUNTY GRANT FUNDING FOR PARTICIPATING AGENCY**

**PARTICIPATING AGENCY**

WITNESSES:

TOWN OF DAVIE

\_\_\_\_\_  
(Type or Print City Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Authorized Signator)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
(Type or Print Name of Signator)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Approved as to Legal Form:

\_\_\_\_\_  
Town Attorney